



**STATEMENT
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**FOR THE JOINT HEARING OF THE
SENATE AND HOUSE COMMITTEES
ON VETERANS' AFFAIRS**

**FY 2008 PRIORITIES OF THE DEPARTMENT OF
VETERANS' AFFAIRS**

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**** A participating organization in The Military Coalition ****

CURRICULUM VITAE

MSgt (Ret.) Morgan D. Brown is the Manager, Military and Government Relations (M&GR) for the Air Force Sergeants Association. As such, he works for the M&GR Director who is responsible to the Executive Director. This directorate serves as the association's liaison with Congress, the Administration, the military services, and other military and veterans' associations. Sergeant Brown served 22 years in the United States Air Force at numerous stateside and overseas locations. His last assignment was as a First Sergeant on Andrews AFB, in Maryland. He has served in his current position since May 2002.

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The Air Force Sergeants Association (AFSA) does not currently receive, nor has the association ever received, any federal money for grants or contracts. All of the association's activities and services are accomplished completely free of any federal funding.

Mr. Chairmen and distinguished committee members, on behalf of the 130,000 members of the Air Force Sergeants Association, thank you for this opportunity to offer the views of our members on the FY 2008 priorities of the Department of Veterans' Affairs. This hearing will address issues critical to those serving and who have served our nation. AFSA represents active duty, Guard, Reserve, retired, and veteran enlisted Air Force members and their families. Your continuing effort toward improving the quality of their lives has made a real difference, and our members are grateful. In this statement, I will list several specific goals that we hope this committee will pursue for FY 2008 on behalf of current and past enlisted members and their families. The content of this statement reflects the views of our members as they have communicated them to us. As always, we are prepared to present more details and to discuss these issues with your staffs.

How a nation fulfills its obligation to those who serve reflects its greatness. How we treat them also influences our ability to recruit future service members since a significant percentage of those wearing the uniform today were once members of military families. They watched to see how their moms and dads were treated as they put their lives on the line for America. And that trend continues. People observe how the service member is taken care of during service and after they have served. Simply speaking, if we want to keep good people in the military, it is important that our country live up to the commitments made to our veterans--the role models for today's force and tomorrow's.

The recent revelation that unsatisfactory conditions exist at Walter Reed Army Medical Center here in Washington D.C., and possibly elsewhere at other military facilities underscores the fact that we as a nation are not doing all that it could do, or should do to take care of those who have shouldered the burden of protecting American interests

here and abroad. This failure to appropriately provide for these wounded warriors and their family is terrible and must be addressed at once.

Therefore it is important that this committee view America's veterans as a vital national resource rather than as a financial burden. As you deliberate on the needs of America's veterans, this association is gratified to play a role in the process and will work to support your decisions as they best serve this nation's veterans. We believe this nation's response for service should be based on certain principles. We urge this committee to consider the following principles as an underlying foundation for making decisions affecting this nation's veterans.

GUIDING PRINCIPLES

1. Veterans Have Earned a Solid Transition Back Into Society. This country owes its veterans dignified, transitional, and recovery assistance. This help should be provided simply because they served in the most lethal of professions.

2. Most Veterans Are Lower-paid Enlisted Members. Enlisted veterans served with lower pay, generally re-entered the civilian populace with non-transferable military skills, probably had relatively little civilian education, and most likely served in skills that are less marketable. We should factor in the unique circumstances of enlisted veterans, especially in the area of transitional education; i.e., the Montgomery G.I. Bill.

3. Decisions on Veterans' Funding Primarily Should be Based on Merit. Funding for military veterans must, of course, be based on fiscal reality and prudence. However, Congress and, in turn, the VA must never make determinations simply because "the money is just not there" or because there are now "too many" veterans. Funding for veterans' programs should be viewed as a national obligation—a "must pay" situation.

4. Remember that Reservists are Full-fledged Veterans. In Iraq, Afghanistan, and around the world, reserve component members are valiantly serving, ready to sacrifice their lives if necessary. Record numbers have been called up to support operations since September 11, 2001. By spring of this year, nearly half of U.S. forces serving in Iraq will be guardsmen and reservists. Without question, enlisted guardsmen and reservists are full-time players as part of the "Total Force." Differences between reserve component members and the full-time force, in terms of VA programs or availability of services, need to be critically examined.

5. The VA Must Openly Assume the Responsibility for Treatment of the Maladies of War. We are grateful for VA decisions in recent years that show a greater willingness to judge in favor of the service member. The VA focus on health care conditions caused by battle should be on presumption and correction, not on initial refutation, delay, and denial. It is important that the decision to send troops into harm's way also involves an absolute commitment to care for any healthcare condition that may have resulted from that service. Many veterans call and write to this association about our government's

denial, waffling, then reluctant recognition of illnesses caused by conditions during past conflicts. We applaud past decisions of these committees toward reinforcing a commitment to unconditional care after service, and encourage the committee to do the same in the future.

EDUCATION PROGRAMS

There's no escaping the fact that college costs are rising. As the gap between the cost of an education and value of the MGIB widens, the significance of the benefit becomes less apparent. Without an overhaul to reinvigorate the MGIB, this benefit will lose its effectiveness when it comes to recruiting this nation's finest young men and women into service. As a member of the The Military Coalition and Partnership for Veterans' Education, we strongly recommend you transform the program to something similar to the post-WW II G.I. Bill. We ask this committee to work toward funding a program that pays for books, tuition, and fees, and that the benefit be annually indexed to reflect the *actual* costs of education, especially for enlisted members.

When young enlisted men and women opt for military service, they should know that this "company" will provide them with a no-cost, complete education, as do numerous companies in the private industry. But our government does not do this in the way that it should. It gives them a one-time chance to enroll in the MGIB during basic training. It charges them \$1,200 to enroll at a time when they can least afford it. It limits the use of the benefit to a designated monthly amount which prevents its use for all educational expenses as needed, or in amounts to support accelerated programs, or courses with lab requirements, or advanced programs; and it imposes a benefit-termination clock that starts ticking when the service member separates from military duty. Each of these provisions suggests the government's lack of sincerity toward providing a user-friendly benefit that may be fully used to benefit the service member and this nation.

Remember, enlisted initially make about half that a new commissioned officer makes. Enlisted members who actually need the MGIB, must proportionally agree to pay twice the portion of their initial pay as commissary officers do. This is just plain unfair.

Despite the extremely commendable, fairly recent value increases in the MGIB (which, in October 2006 increased to \$1,075 per month for 36 months), more needs to be done. If this nation is going to have an effective, beneficial military educational benefit program, it should mirror the comprehensive ones provided by civilian industry. Recent studies show that the average costs for colleges and universities are approximately \$1,770 per month—a figure that reflects the cost of books, tuition, and fees at the average college or university for a commuter student (based on the annual "College Board" report). That means that despite the recent increases in the MGIB, it only covered about 58 percent of the average cost of a four-year public college or university in academic year 2005-2006. As educational costs rise and if Congress does not increase funding, the value of the MGIB will continue to deteriorate. Without automatic indexing for inflation, MGIB purchasing power continues to erode, thereby negating the previous hard work of this committee. We ask that you look toward further increases in

the MGIB program by legally indexing the MGIB benefit to annual increases in “educational” inflation.

There has been too little progress in GI Bill benefits for the Guard and Reserve. Our nation’s active duty, National Guard and Reserve forces are operationally integrated under the Total Force policy but their educational benefits are not structured commensurate with the length and types of duty performed. Congress took a step in the right direction in October 2004 with creation of Chapter 1607 benefits, but more comprehensive reform is needed to render a better, fairer, educational benefit for our “citizen Soldiers.” Some specific recommendations regarding the MGIB are as follows:

Provide an MGIB Enrollment Opportunity for All Currently Serving Enlisted Members Who Declined Enrollment in the Old Veterans Educational Assistance Program (VEAP). VEAP was intended to be a transitional benefit which enabled departing service members to secure necessary skills as they transition back into the civilian workforce. It’s only in more recent years that the MGIB has evolved into a recruiting incentive. That being the case, and without question, one of the greatest needs cited by our members is to provide a second chance for those who turned down their initial opportunity to enroll in the Veterans Educational Assistance Program (VEAP). VEAP was the program in place for those who were serving immediately prior to the July 1985 initiation of the Montgomery G.I. Bill. VEAP was a far-less beneficial program than the MGIB.

Hundreds of thousands of military members chose not to enroll in the VEAP program. Many were advised not to enroll in VEAP because a better program was coming along. Unfortunately, when the MGIB program began, those who turned down the VEAP program were not allowed to enroll in the MGIB program. So many turned down their one-time opportunity (during the 1980s) to enroll in the VEAP program that approximately 50,000 military members who declined VEAP enrollment are still serving.

Rep. Dave Camp introduced H.R. 269 in the 109th Congress which would have provided an MGIB enrollment opportunity to the estimated less than 50,000 currently serving who turned down the old VEAP program—including commissioned officers. In evaluating this same legislation in the 108th Congress, CBO scored this bill at \$173 million over 10 years (figure based on the 96,000 plus eligible active duty personnel at that time) Taking into consideration that the number of eligibles is now halved, estimated costs of implementation would now be in the range of \$86 million. However, if we limit the enrollment opportunity to enlisted members only, it will reduce the number by more approximately one-fourth and, therefore, the cost by 25 percent. The projected scoring would then be reduced to somewhere in the neighborhood of 65 million over 10 years if limited to enlisted members only.

Time is running out for Congress to provide these deserving individuals an MGIB enrollment opportunity; unfortunately many have already retired. *As of July 1, 2005, all actively serving members who enlisted in this era were eligible to retire.* We urge these committees to act quickly before it is too late to at least provide a transitional education

assignment to the remaining VEAP-era enlisted members. Remember these citizens served a full career of dedicated service and sacrifice fighting this nation's wars and preserving the peace.

Provide a Second Chance for those Currently Serving Enlisted Members Who Declined Enrollment in the MGIB. Since the end of the VEAP program, tens of thousands more have declined enrollment in the MGIB. Most enlisted members did so because they were (and still are) given only a one-time, irrevocable enrollment opportunity at basic military training when many simply could not afford to give up \$100 per month for the first 12 months of their career. While this may not apply to all accessions, it certainly applies to enlisted members.

In fact, in the Air Force alone, there are now over 18,000 on duty who came in during the MGIB era but who declined to enroll in the MGIB. Hundreds of noncommissioned members tell us that they want a second chance to get into the MGIB, now that they can afford to do so. This is particularly a serious problem among enlisted members—those who generally enter military service without a college degree and with prospects of relatively little income. As we said earlier, thanks to the fine work of these committees, the MGIB value has been significantly increased in recent years. Although more work needs to be done, the benefit is now a comparatively “lucrative” benefit—a far cry from that which most VEAP and MGIB non-enrollees turned down. For that reason alone, fairness would dictate an enrollment opportunity for any military member not currently enrolled in the MGIB. They have made freedom possible during their service; now let's say “Thank You” to them!

Eliminate the \$1,200 MGIB Enrollment Fee. The Montgomery GI Bill is the one of the only company-provided educational programs in America that requires a student to pay \$1,200 (by payroll deduction during the first 12 months of military service) in order to establish eligibility. This \$1,200 DoD payroll cost-avoidance method amounts to little more than a tax penalty on a benefit that must be paid before it is received. Sadly, this fee causes many young noncommissioned service members to decline enrollment simply because they are given a one-time, irrevocable decision when they are making the least pay and under the pressure of initial training. Those who decline enrollment—many due to financial necessity—do not have a second chance to enroll in the program. This is probably the biggest complaint we get from the lowest-ranking airmen. *They feel that, in a sense, it is a “dirty trick” to offer such an important program only when it is clearly a financial burden for enlisted members to enroll in the program. After all, because of lower pay, enlisted members must sacrifice a significantly higher percentage of their income (in relation to new commissioned officers) in order to be eligible for the program.* Further, it sends a very poor message to those who enter service expecting a world-class educational benefit.

We would imagine that a good case could be made to show that eliminating the fee will not be as expensive as estimated since the administration of the fee (tracking and collection) most likely costs nearly as much as, if not more than, the fee itself. To our knowledge, this has never been explored, and we encourage these committees to

investigate this matter further. S. 22, by Sen. Jim Webb would eliminate the \$1,200 user fee for those serving during the period of Executive Order 13235. Both bills would also give a second MGIB enrollment opportunity for those serving during this period. AFSA maintains that both elimination of the \$1,200 payroll reduction and a second MGIB enrollment opportunity should be permanently provided for enlisted service members.

Allow Enlisted Military Members to Enroll in the MGIB Later During Their Careers.

As I explained above, the one-time enrollment opportunity at Basic Training is a problem. Of course, abolishing the \$1,200 fee would eliminate the non-enrollment problem while simultaneously reintroducing some honesty into the recruitment promises made concerning educational benefits. This would alleviate the need for young recruits to make a monumental financial decision under the pressure of Basic Military Training when they are making very little money. Another option would be to allow them to enroll at any time during their first or subsequent enlistments. In the 108th Congress, H.R. 3041, which was introduced by House Veterans Affairs Committee Vice Chairman Congressman Michael Bilirakis, would have allowed individuals to make an election to participate in the MGIB at any time during the first two years of service. AFSA would strongly encourage the committee to incorporate this legislation as they look to revamp the benefit.

Extend or Eliminate the Ten-year Benefit Loss Clock. Once an MGIB enrollee separates or retires, they have ten years to use their benefit or they lose any unused portion. Transitioning from a military career to civilian life requires a period of readjustment and satisfying survival needs—especially for enlisted members. These include relocation, job and house hunting, and family arrangements, just to name a few. For many, using their “earned” educational benefit (for which they paid \$1,200), must be delayed a few years--or their education must be pursued piecemeal (e.g., a class at a time) due to conflicting work and family obligations. However, the benefit self-destruct clock is ticking as the government prepares to take the benefit away. We urge you to extend that ten-year clock to 20 years, or repeal the “benefit-loss” provision altogether. The benefit program has been earned, the federal computer program that tracks the MGIB usage is not earmarked to go away, and extending the 10-year benefit loss clock would have negligible cost implications.

Provide “Portability” (Transferability) of MGIB to Family Members. “Critical skills” portability for family members was signed into law in the FY 2002 NDAA. To date, this powerful retention incentive has gone largely unused as only a very small percentage of personnel were ever provided this opportunity. Part of the problem is the service secretaries get to determine just what “critical” means. For example, in the Air Force, less than 500 personnel in a dozen career fields were provided this opportunity despite the fact that over 60 career fields were considered critical enough to require Selective Reenlistment Bonuses. The vast majority of MGIB enrollees, many of whom have been told their jobs are “critical,” find it unfair that they have not also been afforded this opportunity. As an issue of fairness, we urge that the portability feature be extended to all MGIB enrollees.

Portability would be an important career incentive for the vast majority of military members and, if we are wise, a good retention tool across the board. For enlisted members, in particular, it could mean the ability to offer greater educational opportunities to their children. *A career-promoting alternative would be to offer the option to transfer (at least a portion of) the benefit to family members once the individual has served 12 to 15 years.* This would make the option available in time to help send their kids to college, and it would serve as an incentive to stay in the service. Please work to extend the “portability” option across the board to all military enrollees (enlisted ones in particular).

Total Force MGIB: Members of the Guard and Reserve continue to make an essential contribution to support our missions in Afghanistan, Iraq and elsewhere around the world. Although more than 500,000 of these brave men and women have been called up since September 11, 2001, and more than 70,000 have pulled two or more tours of duty, they are denied educational benefits that are commensurate with their service. Despite our nation's increased reliance upon our Selected Reserve, the value of their standard Montgomery G.I. Bill (MGIB) benefits has fallen over the last 20 years from 47 percent to 29 percent of Active Duty benefits. In addition, they continue to be the only benefits that members of the Selected Reserve who serve activated duty in the Global War on Terror cannot access once they separate from service.

The Total Force MGIB has two broad concepts—to consolidate active duty and reserve MGIB programs under Title 38 and restructure MGIB benefit levels according to the level of military service performed. DoD and the Services would retain responsibility for the cash bonuses, MGIB “kickers”, and other enlistment / reenlistment incentives that they offer. Reservists mobilized for at least 90 days under federal contingency operation orders would be able to use remaining REAP benefits under Chapter 1607 after separation.

Senators Blanche Lincoln (D-AR) and Susan Collins (R-ME), and Representatives Vic Snyder (D-AR), Stephanie Herseth (D-SD), John Boozman (R-AR), and Loretta Sanchez (D-CA) have introduced companion bills to restructure the MGIB under the “total force” concept. The Senate bill is S. 644 and the House companion bill is H.R.1102. AFSA feels very strongly that the contributions made by Guard and Reservists called to active duty are just as significant as those of our Active Duty military. These changes will better reflect the reality of their military service.

VA MEDICAL CARE

As you know, the Administration presented its fiscal year 2008 budget submission to Congress on February 5, 2007. Whereas the Administration’s FY 2008 budget submission comes close to providing adequate funding for veterans’ programs, it still falls short of the recommendations of *The Independent Budget*—a document that AFSA supports. Nor does it include a guarantee that VA will receive those much-needed funds by the beginning of the new fiscal year on October 1.

\$2.3 billion of the \$34.2 billion the Administration's budget proposes for the VA health comes from collections. The Administration plan would increase prescription co-payments from \$8 to \$15 and impose a three-tiered annual enrollment fee of \$250, \$500, or \$750 for some veterans, depending on family income. But instead of going directly to the VA, those fees would be paid into the U.S. Treasury, where they conceivably could be siphoned off for other purposes. AFSA feels these proposals are unacceptable and urges Congress to reject it in similar fashion to last year's proposed \$250 "enrollment fee." Simply put, the FY 2008 VA Budget should be sufficient to provide full health care and program needs for those who are currently defined as eligible for care. Funding should not be based on additional redefinitions of who is eligible and on a proposed institution of additional co-payments and enrollment usage fees.

I wish to briefly touch on some issues that have been reflected in the many letters and phone calls that AFSA has received from the field. As a general rule, we tend to hear most loudly (and frequently) from those who are not happy with the adjudication of their claims or the treatment they have received. I am not going to go into isolated problems, because anecdotal information is just that. Rather, I want to briefly touch on some specific health-related situations/conditions that we feel need to be addressed.

Work Toward A Consistent Funding formula and Program Permanence. This association believes that the parameters of who will be served, what care will be provided, the facilities needed, and the full funding to accomplish those missions should be stabilized as mandatory obligations. If that were so, and Congress did not have to go through redefinition drills as economic philosophies change, the strength of the economy fluctuates, and the numbers of veterans increases or decreases—these committees and this nation would not have to re-debate obligations and funding each year. We believe that these important programs should be beyond debate and should fall under mandatory rather than discretionary spending.

Policy Consistency Needed. The pervading feeling among veterans is that the Administration's approach to providing adequate service to an ever-growing number of veterans is to shrink the number of patients by excluding increasing classes of veterans. These veterans who are being excluded were expressly included in earlier congressional legislation. In other words, rather than funding for increased needs, the VA's allowable clientele definition is changed by adding an increasing number of "Priority" groups, raising co-pays, and charging fees for use. The VA's "temporary" moratorium on Priority Group 8 enrollment has now assumed a "permanent" status.

Seek Proactive Cost-saving Approaches. Provisions in the FY 2005 budget proposal allowed the VA to pay for emergency room care at non-VA facilities. This proactive approach prevented delays in treating life-threatening conditions, thereby saving the lives of veterans who do not reside in close proximity to a VA medical facility. Periodically the VA has agreed to a change in policy and filled prescriptions written by non-VA providers under very specific circumstances. These are excellent examples of how the VA can enhance the care provided to veterans at a modest cost through using

new approaches!

Support VA Subvention. With more than 40 percent of veterans eligible for Medicare, VA-Medicare subvention is a very promising venture, and AFSA offers support for this effort. Under this plan, Medicare would reimburse the VA for care the VA provides to non-disabled Medicare-eligible veterans at VA medical facilities. This funding method would, no doubt, enhance some older veterans' access to VA health care. The VA has an infra-structural network to handle this, and we anticipate the effort would be successful. This is an opportunity to ensure that those who served are not lumped in with all those who have not, and would, no doubt, save taxpayer dollars by potentially reducing an overlap in spending by Medicare and the VA for the same services.

Support Judicious VA-DoD Sharing Arrangements. We believe the enlisted force would be pleased with judicious use of VA-DoD sharing arrangements involving network inclusion in the DoD health care program, especially when it includes consolidating physicals at the time of separation. This decision alone represents a good, common sense approach that should eliminate problems of inconsistency, saves time, and takes care of veterans in a timelier manner. In that sense, such initiatives will actually save funding dollars. AFSA supports testing such program but recommends that the committee closely monitor the collaboration process to ensure these sharing projects actually improve access and quality of care for eligible beneficiaries. DoD beneficiary participation in VA facilities must never endanger the scope or availability of care for traditional VA patients, nor should any VA-DoD sharing arrangement jeopardize access and/or treatment of DoD health services beneficiaries. VA and DoD each have a lengthy and comprehensive history of agreeing to work on such projects but have yet to follow-through on most of them. A memorandum of understanding to renew their commitment to joint ventures was recently signed by the two departments. With this committees urging, perhaps this latest effort won't go by the wayside as past "restarts."

Support State Veterans Homes. One hundred and thirty-three state-run veterans' homes, serve about 30,000 former service members. These homes are a good federal investment since the states provide funding for two-thirds of total operating costs. We urge these committees to take a close look at the required level of support to protect these important national assets and further, as opportunities to provide high quality care for our nation's veterans while simultaneously minimizing the cost of providing that care.

Care for Women Veterans. We applaud the actions of these committees in recent years to directly address the issue of the unique health challenges faced by women veterans. Between 1990 and 2000, the women veteran population increased by 33.3 percent from 1.2 million to 1.6 million, and women now represent approximately 7 percent of the total veteran population. By the year 2010, the VA estimates that women veterans will comprise well over 10 percent of the veteran population. Currently women make up more than 15 percent of the active duty force and approximately 25 percent of the reserve force. Many of these female veterans have served in more recent years. Tens of thousands of female troops have been serving, or have already returned from service in Iraq and Afghanistan. As the number of women veterans

increases, the VA must be funded to increasingly provide the resources and legal authority to care for female-specific healthcare needs.

GENERAL ISSUES

Speedier Claims Processing and Improved Accuracy. For many veterans association with the VA begins with the claims process. Two years ago, the Veterans Benefit Administration announced they had reached a steady state of 250,000 claims in progress but recent numbers reflect a number three times that. Proposed increases in funding and manpower mentioned in the Administrations FY 08 budget plan are admirable, but most likely insufficient to address a claims backlog that currently exceeds more than 820,000 cases. The key to sustained improvements in claims processing rests primarily on adequate funding to attract and retain a high-quality workforce of claims workers who are supported by full investment in information management and technology. This agency is facing a mass exodus of experience once the baby-boomer generation retires from federal service over the next five years. Keep in mind it takes two years for a claims adjudicator to reach his/her full potential. It's becoming more and more apparent that this particular section of the agency needs additional funding consideration versus funding reductions to overcome this growing backlog. Additionally, proper training impacts the quality and consistency of claims decisions. An infusion of funding specifically for this purpose could save the agency millions, if not more as errors in processing claims and the subsequent appeals they generate are reduced. Much of the past success of this agency can be directly attributed to the funding and support of this committee. The time to take a closer look is long overdue.

"Seamless," Transferable Medical Records. The record numbers of veterans being generated by the wars in Afghanistan and Iraq underscore the importance of accelerating DoD and VA plans to seamlessly transfer medical information and records between the two federal departments. A lifetime DoD-VA service medical record could help veterans obtain early, accurate, and fair VA disability ratings, save the Department of Veterans Affairs funding, and facilitate pre- and post-deployment research that could advance standards of care. Additional savings would be realized by preventing the "doubling" of diagnostic testing which currently occurs when VA runs similar testing (MRIs/X-rays, etc) to validate DoD findings. We were pleased when the two departments recently agreed to work together to resolve this issue. The technology exists to accomplish the goal of a seamless record and we urge these committees to assume an oversight role and facilitate implementation of this important document as quickly as possible.

Legitimate, Sincere Veterans' Preference. In recent years, Congress has taken steps toward making "Veterans' Preference" a reality. We have seen commendable moves in this Administration involving the VA and the Department of Labor to enhance the job preferences available to veterans. We continue to urge these committees to support any improvement that will put "teeth" into such programs so that those who have served

have a “leg up” when transitioning back into the civilian workforce.

Support of Survivors. AFSA commends this committee for previous legislation which allowed retention of DIC, burial entitlements, and VA home loan eligibility for surviving spouses who remarry after age 57. However, we strongly recommend the age-57 DIC remarriage provision be reduced to age-55 to make it consistent with all other federal survivor benefit programs. H.R. 704 introduced by Rep. Bilirakis would make this important change in law. We also endorse the view that surviving spouses with military Survivor Benefit Plan (SBP) annuities should be able to concurrently receive earned SBP benefits and DIC payments related to their sponsor’s service-connected death.

Protect VA Disability Compensation: Despite being clearly stated in law, veterans’ disability compensation has become easy prey for former spouses and lawyers seeking money. This, despite the fact the law states that veterans’ benefits “shall not be liable to attachment, levy, or seizure by or under any legal or equitable process, whatever, either before or after receipt by the beneficiary.” Additional legislation is needed to enforce the probation against court-orders or state legislation that would award VA disability dollars to third parties in divorce settlements.

Provide a Written Guarantee. Many veterans are frustrated and disappointed because existing programs they thought they could depend on have been altered or eliminated due to changing budget philosophies. That creates a perception among service members and veterans that the covenant between the nation and the military member is one-sided, with the military member/veteran always honoring his/her obligation, and hoping that the government does not change the law or the benefits upon which they depend. We urge these committees to support a guarantee in writing of benefits to which veterans are legally entitled by virtue of their service. This would demonstrate that the government is prepared to be honest and consistent with its obligation to its service members.

Mr. Chairmen, in conclusion, I want to thank you again for this opportunity to express the views of our members on these important issues as you consider the FY 2008 budget. We realize that those charged as caretakers of the taxpayers’ money must budget wisely and make decisions based on many factors. As tax dollars dwindle, the degree of difficulty deciding what can be addressed, and what cannot, grows significantly. However, AFSA contends that it is of paramount importance for a nation to provide quality health care and top-notch benefits in exchange for the devotion, sacrifice, and service of military members, particularly while the nation remains at war. So too, must those making the decisions take into consideration the decisions of the past, the trust of those who are impacted, and the negative consequences upon those who have based their trust in our government. We sincerely believe that the work done by these committees is among the most important on the Hill. On behalf of all AFSA members, we appreciate your efforts and, as always, are ready to support you in matters of mutual concern.